
Purpose

For the purposes of the Nebraska WIC Program Special Health Care Needs is defined (according to PL 99-457) as:

Established Risk or Disability - These are individuals with identified conditions or disabilities that we know can adversely affect development. Cerebral palsy, spina bifida, cleft palate, HIV/AIDS, along with many other diagnoses would fall into this category.

Developmental Delay - These are individuals with an established diagnosis who by assessment measurements have fallen significantly behind developmental norms.

Biological Risk - These are young children who do not have an identified disability or delay, but who, because of biological circumstances, such as very low birthweight, or prematurity, have a higher than normal chance of developmental problems.

Environmental Risk - These are children without identifiable biological risk factors whose development is seen as vulnerable because of environmental conditions. Drug or alcohol abuse in parents, teenage parents, and mental illness in parents are all factors in a child's environment associated with a higher than normal appearance of developmental problems

All of the above must be diagnosed by a physician, but can be self-reported for risk code purposes.

**Cultural, Economic
and Social Issues**

Many families, even those insured, face high out-of-pocket expenses for services such as medications, adaptive equipment, home health care, and long term occupational, speech and/or physical therapy.

Chronic illness creates a special risk for applicants/participants, who do not have health insurance.

Families of individuals with special health care needs spend a large amount of time and energy coordinating and keeping a wide variety of appointments.

Many times the person with a special health care needs or the caretaker may have a difficult time leaving the home.

Clinic Accessibility	Clinic sites should be assessed for and provide accessibility for all disabilities and special needs of clients.
Certification Alternatives	<p>In those cases where a client/applicant is unable to leave home, (ex. pregnant woman restricted to bed rest or child with immune system compromised), other alternatives for certification should be considered.</p> <p>Many of these situations may meet the requirements as an exception to the physical presence requirement for application to the program. In the event a client's physical presence is waived that and the reason should be documented on the WIC Signature Form.</p> <p>Staff should evaluate each situation to determine if physical presence may be waived using the procedure found in Volume I, Section B of this manual.</p>
Proxy Usage	Clients with special health care needs may need to use a proxy for check pick-up at the clinic and using the checks at the store more often than other clients. For information on proxy designation and use refer to the procedure found in Volume III of the procedure manual.
Using Referral Data	Many applicants/clients with special health care needs routinely visit a physician or other health care provider. Every effort should be made to use referral or transfer data (ie. Hemoglobin, height, weight), from other health professionals/clinics in the certification process. For more information on referrals see Volume II and Volume I, Section M of the procedure manual.
Nutrition/Health Education	Refer to Volume II of the procedure manual.
Outreach	<p>Families with an individual who has a special need do not always know that they may be eligible for WIC services. It is important to work with agencies and programs in the service area to:</p> <p>Target outreach messages to families not participating in or familiar with public assistance.</p> <p>Emphasize the health and nutrition benefits of the program along with the food that is provided.</p> <p>Outreach/referral sources may include health care providers, educational service units, school nurses, special education directors, occupational, speech, or physical therapists, feeding teams, rehabilitation centers and medically handicapped children clinics.</p>
Volume: I	Section Services For Special Populations: Page: 8b

Adaptation of Clinic Environment

Select clinic locations which are accessible to those with disabilities as provided in the Americans with Disabilities Act and Section 504 of the Rehabilitative Act of 1973.

Allow flexibility of clinic hours to:

- Permit responsible parties/proxies who work to pick up checks after normal business hours or during breaks.
- Allow longer appointment times as necessary, dependent on the needs of client/responsible party.

Allow flexibility in scheduling/rescheduling appointments and check pick up. Many times clients may have emergency visits to doctors, hospitals, etc. that are out of their control.

Use bi-monthly check pick up when feasible to decrease the number of visits to the clinic for those who have difficulty coming to clinic or need to have someone else stay with a family member who has a special need.

Ensure sufficient privacy for clients when collecting confidential information such as health history.
